

Health Care

The health care system is a crucial setting for addressing overweight and obesity among both children and adults. Most Americans see a health care practitioner at least



once a year: the 2002 National Health Interview Study found that 75% of children had seen a health care professional at some time during the past six months (*IOM, 2005*) Health

care professionals have the access and authority to influence the dietary choices of their patients, their physical activity habits, and to monitor weight. Unfortunately, most physicians receive limited training in behavioral and social science areas, so nutrition, physical activity, and weight management issues are often not addressed with patients. A recent assessment of pediatric health professionals showed that fewer than 20% of pediatricians were performing BMI-for-age assessments. To assist in increasing obesity related education for providers, various tools have been developed. In 1998, the National Heart, Lung, and Blood Association released *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults*. This document provides evidence for the effects of different treatment strategies on weight loss and the impact that weight control has on the major risk factors for heart disease and stroke. The American Medical Association, in collaboration with the Robert Wood Johnson Foundation, released *Assessment and Management of Adult Obesity: A Primer for Physicians* in 2003. This publication was designed as a tool to educate primary care physicians about providing medical care to overweight and obese adults. Although pediatric weight management tools are more limited, the CDC provides an on-line training module on the use of BMI-for-age growth charts. Using these charts enables health care providers to take the first step toward assessing and treating overweight among pediatric patients (*Caprio and Genel, 2005*).

“Although physicians are trained to treat the consequences of obesity—diabetes, high blood pressure, and elevated blood lipid levels, among others—they are woefully unprepared to treat or prevent the underlying causes.”

Robert F. Kushner, MD,
Medical Director, The
Wellness Institute,
Northwestern Memorial
Hospital, Chicago, IL
(NIHCM, 2005)



A growing body of evidence suggests that breastfeeding offers protection against childhood overweight. Despite the documented benefits of breastfeeding for improving the health of both infants and mothers, along with the potential protection against infants overweight, less than 30% of new mothers in South Carolina are breastfeeding their children at six months. Health care provider encouragement is one way to significantly increase the rates of breastfeeding among new mothers (Lu, et al. *Obstet Gynecol* Feb 2001).

Health care professionals also play a significant role in improving health through advocacy efforts. Health care providers bring powerful voices to community health initiatives as champions for increased awareness, and can exert great influence on public attitudes as well as on legislative policy. The powerful influence of health care professionals has proven to be effective in tobacco cessation, diabetes control, and managing facets of cardiovascular disease, and will be pivotal in addressing the escalating trends in obesity in South Carolina.

This framework targets key areas where the health care system, from rural clinics to medical schools, can directly impact overweight and obesity from professional education and training efforts to advocate for policy and environmental changes.

Examples of Activities

Create Breastfeeding Friendly Hospitals

Partners will work with hospitals and maternity centers to adopt the *Ten Steps to Successful Breastfeeding*,



outlined by the World Health Organization and the United Nations Children's Fund. These steps include: staff training; education for pregnant women about the benefits and management of breastfeeding; early initiation of breastfeeding; education of mothers on how to breastfeed and

maintain lactation; rooming-in; and fostering of breastfeeding support groups and services.

"The SC Chapter of the AAP is committed to increasing the number of breastfeeding mothers in our state. With the recent formation of a Chapter Breastfeeding Section, a plan is underway to increase pediatricians' support and advocacy in the promotion of breastfeeding. The section's goal is the dissemination of the health and economic benefits breastfeeding provides for both the infant and the mother as well as society as a whole, such as the way breastfeeding protects against the development of childhood overweight."

Dr. Jennifer Amrol,
Chapter Breastfeeding
Coordinator for the SC
Chapter of the American
Academy of Pediatrics



Supporting Evidence: Evidence for the Ten Steps to Successful Breastfeeding. World Health Organization, Division of Child Health and Development, 1998.

Goal 3.

Increase the percentage of South Carolina mothers who breastfeed for at least six months.

Provide Professional Education and Training

SCCOPE partners will promote breastfeeding education as a routine component of health professional education/curricula, including medical, residency, nursing, nutrition, health education, and social work programs. In addition, SCCOPE will conduct trainings for health care providers and disseminate current, evidence-based information on the importance of breastfeeding and its benefit in reducing obesity and other chronic diseases.

Supporting Evidence: HHS Blueprint for Action on Breastfeeding

Goal 3.

Increase the percentage of South Carolina mothers who breastfeed for at least six months.



“At MUSC, physician education is recognized as an essential strategy in the promotion and support of breastfeeding. Our lactation consultants provide breastfeeding education to Obstetrical and Pediatric residents and all third year medical students. Medical students are not only taught the basics of breastfeeding counseling during their newborn nursery rotation, they also have the unique opportunity of electing a two week clinical rotation in Lactation and Breastfeeding. The rotation is a collaborative effort offered by Dr Carol Wagner, Neonatologist, and the Lactation Consultation Service.”

Lactation Consultation Service:
Jean Rhodes, CNM, PhD, IBCLC;
Jeanne Barreira, CNM, MSN,
IBCLC; Barbara Haase, CPNP,
IBCLC, Medical University of
SC



Examples of Activities

Implement Curriculum Changes and Provide Continuing Education for Health Professionals

Partners will work with leaders from medical schools to ensure that obesity prevention and treatment modules are included in curricula at all levels, from clinical training to continuing professional education for practicing clinicians. Continuing education efforts will include training on standard guidelines, protocols, and evidence-based practices.

Supporting Evidence: *Roadmaps for Clinical Practice: Case Studies in Disease Prevention and Health Promotion, American Medical Association, 2003*

Goal 4.

Increase the percentage of South Carolinians who achieve and maintain a healthy weight.

Advocate for Policy Change

SCCOPE will enlist the aid of respected medical professionals within the state to advocate in support of healthy weight management services and to support this advocacy through legislative action.

Advocacy efforts will include initiatives and policies that support breastfeeding, healthful eating habits, physical activity,



and healthy weight maintenance. SCCOPE, through its partners, will also advocate for legislative policies that support insurance coverage of weight management services by registered dietitians, social workers, psychologists, health educators, and other health professionals.

Supporting Evidence: *The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity, 2001.*

Goal 4.

Increase the percentage of South Carolinians who achieve and maintain a healthy weight.

Provide Education to Policy and Decision Makers

SCCOPE will educate policy and decision makers and purchasers of major health care plans on the burden of obesity and obesity-related chronic diseases. This education will include information on the economic benefit of good health and model policies that support healthy eating, physical activity, and healthy weight maintenance.

Supporting Evidence: *Health Plans Emerging as Pragmatic Partners in Fight Against Obesity, 2005.*

Goal 5.

Decrease the burden of obesity and obesity-related chronic diseases.



Health Care Systems

Objectives and Strategies

Goal 3: Increase the percentage of South Carolina mothers who breastfeed for at least six months.

Objective 1: By July 31, 2009, at least 10 health care facilities in South Carolina will have a breastfeeding policy in place.

Strategies

1. Through collaboration with organizations such as the SC Breastfeeding Coalition, SC Primary Health Care Association, and the La Leche League, complete an assessment of breastfeeding policies in health care organizations in the state to establish baseline measurements of policy and environmental supports for breastfeeding.
2. Provide sample policy statements and examples of environmental supports for breastfeeding to health care organizations in the state.
3. Work with hospitals, maternity centers, physician offices, and clinics to reinforce guidelines from WHO/UNICEF (International Code on the Marketing of Breast Milk Substitutes) and work toward eliminating practices that discourage breastfeeding (such as visible signs of formula promotion and infant formula discharge packs).
4. Work with hospitals and maternity centers to adopt the “Ten Steps to Successful Breastfeeding.”

Objective 2: By July 31, 2008, at least 50 health care providers in South Carolina will provide education and counseling in support of breastfeeding.

Strategies

1. Identify breastfeeding “champions” to assist in educating peers about the importance of promoting and supporting breastfeeding.
2. Conduct trainings for health care providers and disseminate current, evidence-based information on the importance of breastfeeding and its benefit in reducing obesity and other chronic diseases.
3. Promote breastfeeding education as a routine component in professional education/curricula, including medical, nursing, nutrition, health education, and social work programs.
4. Develop and disseminate materials to educate health care providers about the need to promote and support breastfeeding efforts.
5. Develop and disseminate a listing of breastfeeding resources (such as local lactation consultants, breastfeeding peer counselors, and lay support groups) to health care providers for use in the promotion and support of breastfeeding.



Action Step:

- Inform and educate health care providers about the importance of referring mothers with breastfeeding questions, concerns, or problems to a specialized professional.

6. Provide positive public messages in support of breastfeeding.

Goal 4: Increase the percentage of South Carolinians who achieve and maintain a healthy weight.

Objective 1: By December 31, 2010, at least 75 health care providers will follow national guidelines and standard protocols for weight management and the treatment of obesity.

Strategies

1. Collaborate with leadership of SC medical schools and other health care professional programs to include the prevention and treatment of obesity as a module in the curriculum.
2. Educate health care providers about the importance of healthy weight maintenance and prevention of overweight and obesity across the lifespan.

Action Steps

- Distribute NHLBI Clinical Guidelines.
 - Conduct trainings on assessment of overweight and obesity using BMI and BMI-for-age.
3. Promote self-study modules on healthy weight/weight management, which will include appropriate counseling and behavior change theory.

Action Step:

- Educate health care professionals on patient self-management models using examples such as the Chronic Care Model.
4. Provide resources to health care providers to assist with referrals for healthy weight maintenance.

Action Steps:

- Develop and maintain a website accessible to health care providers that includes information about weight management programs and patient education materials.
- Maintain a resource listing of health care professionals trained to provide weight management services, including physical activity and nutrition specialists.
- Initiate a statewide referral phone line accessible to health care providers for weight loss/prevention programs.



Objective 2: By July 31, 2007, at least 3 health care champions will assist with advocacy efforts in support of healthy weight management services.

Strategies

1. Identify health care providers interested in being advocates for healthy weight management efforts throughout the state.
2. Advocate for the state legislature to establish policies for insurance coverage of weight management services by registered dietitians, social workers, psychologists, health educators, and other health professionals.
3. Collaborate with insurance regulators and insurance companies to enhance advocacy for initiatives and policies that support breastfeeding, healthful eating habits, physical activity, and healthy weight maintenance.
4. Champions to encourage peers to offer weight management programs at physician offices, managed-care settings, and health departments.

Goal 5: Decrease the burden of obesity and obesity-related chronic diseases.

Objective 1: By July 31, 2007, at least 200 health care providers will be trained on the health and economic implications of obesity and obesity-related chronic diseases.

Strategies

1. In collaboration with DHEC chronic disease program areas, state and community coalitions/alliances, educate health care providers on the health implications of obesity and obesity-related chronic diseases.

Action Steps:

- DOPC will collaborate with DHEC chronic disease program areas and state and community coalitions/alliances to incorporate education on the burden of obesity during health care provider trainings.
- Collaborate with ORS and health economists to obtain data on the economic costs of obesity for trainings for health care providers.



Objective 2: By December 31, 2008, at least 50 policy and decision makers will be provided training on the burden of obesity and obesity-related chronic diseases.

Strategies

1. Educate health care plan policy makers and purchasers of health care plans regarding the cost of overweight and obesity to the health care system.
2. Educate policy makers on the economic benefit of initiatives and policies that support healthful eating habits, physical activity, and healthy weight maintenance for treatment of obesity-related chronic diseases.

